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RICHARD W. YOUNG  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Jeanine Santiago Plaintiff,  
vs  
Federal Bureau of Prisons  
et al,  
Defendant.

CV 08

CASE NO.

3837

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

VRW

(PR)

I, Jeanine Santiago, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No     

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$36.00 per month Net: same

Employer: Federal Bureau of Prisons, Food Service

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 Last date of employment prior to imprisonment 10/99  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_\_ No X

10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_\_ No X

12 or royalties?

13 c. Rent payments? Yes \_\_\_\_ No X

14 d. Pensions, annuities, or Yes \_\_\_\_ No X

15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_\_ No X

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_  
 23 3. Are you married? Yes \_\_\_\_ No X

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes \_\_\_ No X

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No X

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes \_\_\_ No X (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_ No X Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No X

8. What are your monthly expenses?

Rent: \$ N/A Utilities: \_\_\_\_\_

Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 Restitution 129,000.00  
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No X

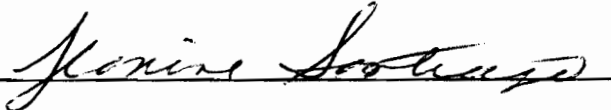
7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.  
9  
10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 July 28, 2008

17 DATE



SIGNATURE OF APPLICANT

**PRISONER AUTHORIZATION**

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

  
Prisoner-Plaintiff (Signature)

**CERTIFICATE OF AUTHORIZED OFFICER**

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ 0.02 on account at the FCI Dublin institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ 99.98. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 105.62.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

7-25-08  
Date

  
Authorized Officer of Institution (Signature)

**Inmate Inquiry**

Inmate Reg #:	92639022	Current Institution:	Dublin FCI
Inmate Name:	SANTIAGO BLANINI	Housing Unit:	DUB-B-A
Report Date:	07/25/2008	Living Quarters:	B03-1711
Report Time:	3:19:56 PM		

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

**General Information**

Administrative Hold Indicator: No  
 No Power of Attorney: No  
 Never Waive NSF Fee: No  
 Max Allowed Deduction %: 100  
 PIN: 2892  
 PAC #: 336306298  
 FRP Participation Status: Participating  
 Arrived From: HON  
 Transferred To:  
 Account Creation Date: 11/16/2005  
 Local Account Activation Date: 4/11/2008 6:10:59 AM  
 Sort Codes:  
 Last Account Update: 7/21/2008 6:59:29 PM  
 Account Status: Active  
 Phone Balance: \$0.09

**FRP Plan Information**

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$50.00	0%

**Account Balances**

Account Balance: \$0.02  
 Pre-Release Balance: \$0.00  
 Debt Encumbrance: \$0.00  
 SPO Encumbrance: \$0.00  
 Other Encumbrances: \$0.00  
 Outstanding Negotiable Instruments: \$0.00  
 Administrative Hold Balance: \$0.00  
 Available Balance: \$0.02  
 National 6 Months Deposits: \$1,105.62  
 National 6 Months Withdrawals: \$1,163.28  
 National 6 Months Avg Daily Balance: \$53.40  
 Local Max. Balance - Prev. 30 Days: \$99.98  
 Average Balance - Prev. 30 Days: \$30.21